

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

93015921

SURVIVORSHIP AFFIDAVIT

Acey Cameron, being first duly sworn upon his oath,
deposes and says:

1. That he is the owner in fee simple of the
following described real estate located in Lake County,
Indiana, to wit:

Lots 6 and 7 in Block 4 in Diamond Park
Subdivision, in the City of Gary, as per plat
thereof, recorded in Plat Book 20, page 50, in the
Office of the Recorder of Lake County, Indiana.

Key number: 42-190-6 and 7.

and that he and his now deceased wife, Juanita Cameron, were
husband and wife at the time they acquired title, as tenants
by the entireties, to said real estate by deed of conveyance
dated September 6, 1973, and recorded on October 1, 1973, in
the office of the Recorder of Lake County, Indiana;

2. That he is the owner in fee simple of the
following described real estate located in Lake County,
Indiana, to wit:

Lot 10 in Block 2 in Diamond Park Subdivision, in
the City of Gary, as per plat thereof, recorded in
Plat Book 20 page 89 in the Office of the Recorder
of Lake County, Indiana.

Key number: 42-188-10.

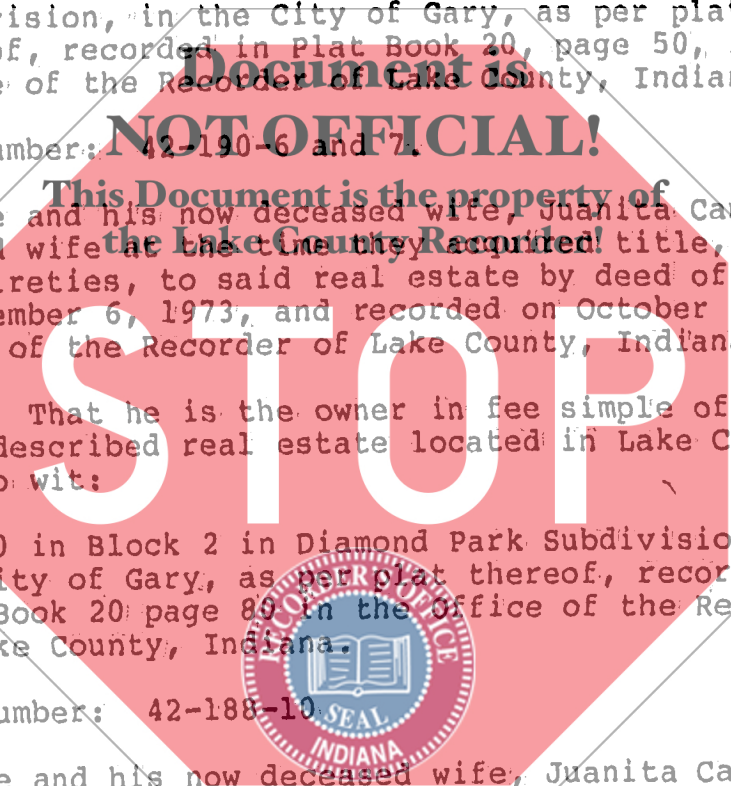
and that he and his now deceased wife, Juanita Cameron, were
husband and wife at the time they acquired title, as tenants
by the entireties, to said real estate by deed of conveyance
dated October 3, 1983, and recorded on October 11, 1983, in
the office of the Recorder of Lake County, Indiana;

3. That he is the owner in fee simple of the
following described real estate located in Lake County,
Indiana, to wit:

Lots Eleven (11) and Twelve (12), in Block Two
(2), in Diamond Park Subdivision in the City of
Gary, as per plat thereof, recorded in Plat Book
20, Page 50, in the Office of the Recorder of Lake
County, Indiana, a/k/a 2321 Industrial Blvd.,
Gary, Indiana.

MAR 11 2 05 PM '93
RECORDED
SECTION

STATE OF INDIANA
LAKE COUNTY
FILED



FILED

MAR 11 1993

00621
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Key number: 42-188-11

and that he and his now deceased wife, Juanita Cameron, were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate by deed of conveyance dated June 15, 1981, and recorded on June 19, 1981, in the office of the Recorder of Lake County, Indiana;

4. That the marital relationship which existed between said affiant and Juanita Cameron, his wife, continued unbroken from the time they so acquired title to said real estate until the death of his said wife on May 27, 1990, at which time this affiant acquired title to said real estate as surviving tenant by the entireties;

5. That there has never been any administration upon the estate of said Juanita Cameron;

6. That the gross value of the estate of the said Juanita Cameron, deceased, taking into consideration in the evaluation thereof, the value of all her gifts in contemplation of death, including all gifts made by her in the two years preceding her death, together with the value of all of her investments in joint properties and estates by the entireties, including the real estate above described, plus the proceeds of all insurance on his life, did not equal or exceed the sum of \$600,000.00, as a consequence of which her estate was not subject to Federal Estate Tax.

Further affiant saith not.



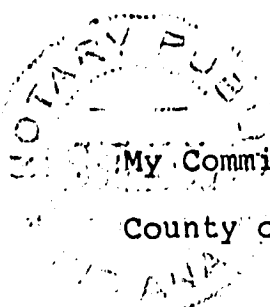
Acely Cameron

ACEY CAMERON

Subscribed and sworn to before me this 11th day of March, 1993.

[Signature]

Lawrence T. Oates, Notary Public



My Commission expires: April 17, 1996

County of Residence: Porter

This instrument prepared by:

Lawrence T. Oates
OATES & OATES, Attorneys
101 W. 75th Place
Merrillville, IN 46410
(219) 769-6653

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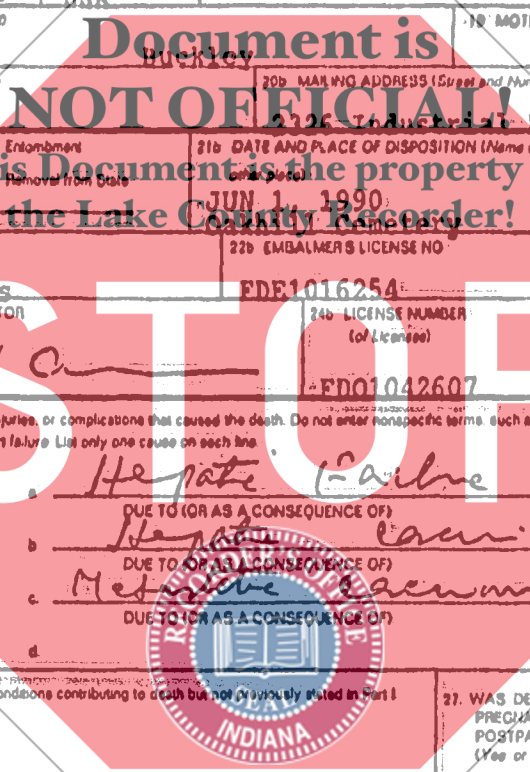
**INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH**

Local No. 147

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First, Middle, Last) Juanita Gertrude Cameron		2 SEX Female	3a TIME OF DEATH 09:30P M	3b DATE OF DEATH (Month, Day, Yr) May 27, 1990	
4 SOCIAL SECURITY NUMBER 310-14-9633	5a AGE—Last Birthday (Year) 68	5b UNDER 1 YEAR Months Days 0 0	5c UNDER 1 DAY Hours Minutes 0 0	6 DATE OF BIRTH (Mo, Day, Yr) NOV 6, 1921	
7a WAS DECEDENT A US VETERAN? No	7b YEAR LAST SERVED IN US ARMED FORCES? N/A	8 PLACE OF BIRTH (City and State or Foreign Co.) Oakland, CA			
9a FACILITY NAME (If not institution, give street and number) St. Catherine		9b CITY, TOWN OR LOCATION OF DEATH East Chicago		9c COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Acey Cameron	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Barber		12b KIND OF BUSINESS/INDUSTRY Various Barber Sho	
13a RESIDENCE—STATE IN	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Gary	13d STREET AND NUMBER 2326 Industrial Blvd.		
14a ZIP CODE 46407	14b RESIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 14c ON A FARM? <input type="checkbox"/> No <input type="checkbox"/> Yes	15 CITIZEN OF WHAT COUNTRY? USA	16 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	17 RACE—American Indian, Black, White, etc. (Specify) Afro-Am	
18 FATHER'S NAME (First, Middle, Last) John Buckley		19 MOTHER'S NAME (First, Middle, Maiden Surname) Mary Lizzia Greer			
20a INFORMANT'S NAME (Type, Print) Acey Cameron		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2326 Industrial Blvd, Gary, IN 46407	20c Relationship Husband		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) JUN 1, 1990		21c LOCATION—City or Town, State Gary, Indiana 46408	
22a EMBALMER'S NAME Sherman G. Banks		22b EMBALMER'S LICENSE NO. FDE1016254		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Ed ...</i>		24b LICENSE NUMBER (of Licensee) FD01042607	24c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FDH3002487 Smith Bizzell & Warner 2295 Washington St., Gary, In. 464		
26 PART I: Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Hepatic failure b. Hepatic carcinoma c. Metastatic carcinoma of colon Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.					
26 PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			29c. MEDICAL LICENSE NO. 29782	29d. DATE SIGNED (Month, Day, Year) 5/29/90	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) Dr. M.Y. Ali, 9116 Columbia Avenue, Munster, Indiana 46321					
31. HEALTH OFFICER'S SIGNATURE <i>Dr. Tim Rogkovich</i>				32. DATE FILED (Month, Day, Year) 5-30-90	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, or pedestrian. 0062R			



DECEASED
 PARENTS
 INFORMANT
 DISPOSITION
 CAUSE OF DEATH
 CERTIFIER
 HEALTH OFFICER
 CORONER USE ONLY

R 11/12/82-42-188-11
 R 1/2/82-42-188-12
 R 6/7/84-42-190-647
 Almond